

CROSS- CONNECTION CONTROL/BACKFLOW SURVEY FORM

Dear Resident/Business Owner:

Please complete this survey form to identify which system(s) you have at your location to the best of your ability. This will help prevent the contamination or pollution to enter our water sources. The intent for this information is to update and identify all cross-connection devices within the Village in compliance of the Act, SECTION 19; 35 IAC 653.801. Please email to cboone@clarendonhills.us, or fax to 630-286-4769. You may also mail or drop off forms directly to the Village Hall Attn: Cross Connection Survey.

PROPERTY ADDRESS:

Property Name:

Property Device Address

City, State, Zip

Phone: () _____

MAILING ADDRESS:

Name:

Mailing Address

City, State, Zip

Email: _____

Please describe your type of location, residence, business, etc. _____

Do you have any of the following items at your property?

Fire Sprinkler System Yes _____ No _____ Lawn Irrigation System Yes _____ No _____

X-Ray Machine Yes _____ No _____ Large Commercial Boiler Yes _____ No _____

Carbonated Beverage Machine Yes _____ No _____ Commercial Ice Maker Yes _____ No _____

Swimming Pool Yes _____ No _____ Cooling Tower Yes _____ No _____

Medical Equipment Yes _____ No _____ Hose aspirator for spray chemicals Yes _____ No _____

Photo Lab Yes _____ No _____ Water tank truck filling station Yes _____ No _____

Does your business use chemicals, such as beauty salon, Medical, etc.? Yes _____ No _____

Do you have any equipment hooked directly to your waterlines? Yes _____ No _____

Are there any backflow assemblies present at your property? Yes _____ No _____

If yes, how many? Please indicate below:

Assembly #1 Manufacturer:

Name: _____

Model # _____

Size: _____

Serial # _____

Assembly #2 Manufacturer:

Name: _____

Model # _____

Size: _____

Serial # _____